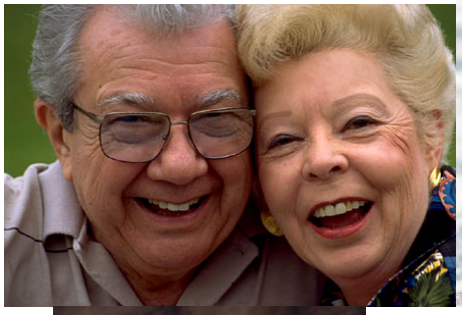
MONTANA
Department of Public Health & Human Services

Montana Oral Health Plan






Montana's response to *"A National Call to Action to Promote Oral Health, Healthy People 2010,* and the *Future of Dentistry"*

2006

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INTRODUCTION

The *Montana Oral Health Plan* was developed to promote oral health and prevent dental disease, reduce health disparities that affect low-income, underinsured or uninsured people, those who are geographically isolated, and persons who are vulnerable because of special health care needs. It reflects the Montana Oral Health Alliance's vision, guiding principals, goals and priority strategies to achieve these objectives.

The U.S. Surgeon General's Report: Oral Health in America reported a "silent epidemic of oral diseases is affecting our most vulnerable citizens – poor children, the elderly, and many members of racial and ethnic minority groups." It called upon policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well being and to take action. –

Richard H. Carmona, M.D., M.P.H., F.A.C.S.

A National Call to Action to Promote Oral Health, released by Surgeon General Carmona on April 30, 2003 presents an action agenda based upon recommendations from a broad coalition of public and private organizations and concerned citizens to improve oral health in their communities. Five principal action steps and implementation strategies comprise the *Call to Action* to assure that *all* Americans can achieve optimal oral health.

The five actions include:

1) **Change Perceptions of Oral Health** by the public, policymakers' and health providers
2) **Overcome Barriers by Replicating Effective Programs and Proven Efforts** to reduce disease and disability, improve oral health care access, and enhance health promotion and health literacy.
3) **Build the Science Base and Accelerate Science Transfer** to benefit all consumers, especially those in poorest oral health or at greatest risk.
4) **Increase Oral Health Workforce Diversity, Capacity, and Flexibility** by changing the racial and ethnic composition of the workforce to meet patient and community needs, ensuring a sufficient workforce pool to meet health care needs, and securing an adequate and flexible workforce.
5) **Increase Collaborations** by successful partnering at all levels of society.

The actions call for a response from the individuals and groups who are most concerned and in a position to act – whether as community leaders, volunteers, health care professionals, research investigators, policymakers, and other concerned parties, or as public and private agencies able to bring their organizational mandates and strengths to the issues.

The Goals of the *Call to Action* also reflect those **of *Healthy People 2010*:**

- ***To promote oral health***
- ***To improve quality of life***
- ***To eliminate health disparities***

This document was developed in response to the Health Resources and Services Administration Maternal and Child Health Bureau's goal to increase the level of inclusion of essential elements of assessment, policy development, and assurance for the maternal and child health population in the *Montana Oral Health Plan.*

The American Dental Association's ***Future of Dentistry*** report mirrors various objectives of the *Call to Action* and specifically contains guiding principles and recommendations which include:

1) Improving the health of the public in a socially responsible and culturally competent manner is the primary goal of the dental profession and will remain dentistry's central focus.
2) The profession must continue its commitment to the adoption of appropriate science-based practices so essential to the future of dentistry.
3) A strong education system is critical to the future of dentistry.
4) An aggressive approach to health promotion, disease prevention, and access to appropriate care will improve oral health and quality of life.
5) Closer collaboration among all health professions will contribute to achieving dentistry's primary goal of improving the health of the public.
6) The dental profession must develop a global perspective and an action plan to fulfill its responsibility as part of the world community.

BACKGROUND

Montana faces critical access problems in oral health care due to an inadequate supply and maldistribution of dental professionals, very high uninsured population and poverty levels, limited access to dental services to low income and special populations, which is compounded by the lack of a professional dental school in the state. Rural and frontier communities face special challenges that require community ingenuity and partnership efforts at both the state and grassroots levels.

This first oral health plan for Montana is a working document based upon collaboration, consensus, and the collective wisdom of citizens, stakeholders and policy makers. Montana has made significant strides in improving access to oral health over the last five years from outcomes of two Montana Dental Summits resulting in the formation of the Montana Dental Access Coalition (MDAC) the development of the *Montana Dental Action Plan*, local community coalition and education efforts, and collaboration with members of the Montana State

Legislature and the Montana Board of Dentistry. A name change from the Montana Dental Access Coalition to the Montana Oral Health Alliance (MOHA) was subsequently adopted to reflect a more broad approach to overall oral health, to identify and invite key stakeholder group representatives for participation, and to develop future directions of the plan.

In response to the *National Call to Action*, *HP 2010*, and the *Future of Dentistry*, the Montana Department of Public Health and Human Services (DPHHS) hosted two facilitated meetings of the MDAC made up of key stakeholders interested in improving oral health in Montana for the purpose of the development of a strategic oral health plan in 2004. Members of the MDAC provided feedback and participated in developing consensus objectives for consideration during the 2005 legislative session. (See Appendix for list of participants in developing the State Oral Health Plan).

Basic foundation elements in developing a strategic plan included a review of successful achievements in recent years, delays to implementing objectives, pertinent factors in the current operating environment, and critical challenges in providing adequate oral health care in Montana. Recommendations from the Head Start/Early Head Start Oral Health Action Plan, a product of the Montana Head Start Oral Health Forum, were also incorporated into the plan.

Through a facilitated process, the coalition drafted a vision statement, developed guiding principles as the foundation for the plan, and identified criteria to consider when developing goals and priorities.

Vision

Within five years, Montanan's will have measurably improved oral health.

Guiding Principals – We believe…

1) Prevention of oral disease is critically important and that education is the key to prevention.
2) Dental care is essential to overall health.
3) All Montanans deserve quality and professional oral health care.
4) A network of partnerships, programs, and resources is critical to our short and long-term success.
5) Improving the distribution and diversity of dental professionals in the State may improve access.
6) Communities and their health care providers have a social responsibility for community health needs.
7) Technology can enhance quality of services and improve access.
8) Dental services should be equal in importance, and proportionate in dedicated resources, to medical services.

GOALS & PRIORITY STRATEGIES

GOAL 1: Increase awareness of the importance of oral health as a part of overall health throughout the life cycle.

Priority Strategies

- Facilitate collaborative discussion and cooperative efforts between dental and medical professionals to include oral health as part of general health protocols.
  Responsibility – Montana Department of Public Health and Human Services (DPHHS) Oral Health Program (OHP)
  Partners: Medicaid (Early Periodic Screening Diagnosis and Treatment Programs (EPSDT), Children's Health Insurance Program (CHIP), Children with Special Health Care Needs (CSHCN), Montana Dental Association (MDA), Head Start (HS), Montana Primary Care Association (MPCA) Montana Chapter American Academy of Pediatrics (MT AAP)
  Timeline – 1-5 years
- Support methods to include oral health anticipatory guidance and risk assessment measures during well-child and primary care visits.
  Responsibility – Montana Department of Public Health and Human Services (DPHHS) Oral Health Program (OHP)
  Partners: Medicaid (EPSDT), CHIP, HS, CSHCN, MDA, MPCA
  Timeline – 1-5 years
- Create opportunities and implement strategies to increase parent knowledge of the causes of oral disease and how to reduce or prevent it.
  Responsibility – DPHHS OHP
  Partners: Medicaid (EPSDT), CHIP, CSHCN, HS, MDA, MPCA Montana Oral Health Alliance (MOHA)
  Timeline – 1-5 years

GOAL 2: Increase oral health promotion and disease prevention efforts throughout the State.

Priority Strategies

- Investigate the feasibility and usefulness of statewide promotion efforts to implement community water fluoridation.
  Responsibility – DPHHS OHP, MOHA, MDA
  Timeline – 1-5 years
- Work with professional organizations of health care professionals to target physicians offices for integrating oral health screening as part of routine physical examinations.
  Responsibility – DPHHS OHP, MOHA, HS, MT AAP
  Timeline – Ongoing

- Educate medical and health professionals regarding fluoride varnish, Xylitol, and other specific decay prevention strategies including healthy diet changes and use of sealants.
  Responsibility – DPHHS OHP
  Partners: Medicaid, CHIP, EPSDT, HS, MDA, MT AAP & FP
  Timeline – Ongoing with emphasis on the next 2 years

GOAL 3: Assure adequate numbers, diversity and distribution of dental professionals in Montana.

Priority Strategies

- Assess feasibility of partnership between Montana State University (MSU) and the University of Washington (UW) to establish a reciprocal dental school program to benefit the State of Montana.
  Responsibility – UW, MSU
  Timeline – 2 years
- Continue to support the MSU College of Great Falls Dental Hygiene and Dental Assisting Programs.
  Responsibility – MOHC
  Timeline – Ongoing
- Support the Montana National Health Service Corps Student/Resident Experiences and Rotations in Community Health (SEARCH) Program, the MSU Area Health Education Center (AHEC), and other dental preceptorship opportunities.
  Responsibility – MPCO, MPCA
  Timeline – Ongoing
- Recruit and support retiring dentists for underserved areas using appropriate incentives.
  Responsibility – MPCA, MPCO, DPHHS OHP
  Timeline – Ongoing
- Offer loan repayment and other incentives to attract dentists to rural areas.
  Responsibility – MPCO
  Timeline – Ongoing
- Continue to use HPSA designation to monitor dental provider availability and specialists and encourage partnerships that improve distribution.
  Responsibility – MPCO
  Timeline – Ongoing
- Assess needs and increase capacity of critically important dental specialists.
  Responsibility – MPCO, MDA
  Timeline – Ongoing with emphasis on assessment in the next year
- Increase activities that focus on recruitment and promotion of the dental professions particularly with young people.
  Responsibility – MDA, Office of Public Instruction (OPI), AHEC, MPCA, MPCO
  Timeline – Ongoing

- Assess the feasibility of long distance CDE training opportunities with UW and MSU for practicing private and public health dental professionals.
  Responsibility – UW, MSU, MDA and DPHHS OHP & Public Health Training Institute
  Timeline – 2 years

GOAL 4: Increase access to dental care in the State.

Priority Strategies

- Identify disparities regarding special and high needs populations (e.g., elderly, disabled, children, minorities, the poor, prison population and those re-entering society, etc.) and develop strategies to address their needs.
  Responsibility – DPHHS OHP, MPCA, MPCO, HS
  Timeline – Ongoing with emphasis on the next year
- Increase the number of Medicaid and CHIP providers.
  Responsibility – DPHHS Medicaid, CHIP, DPHHS OHP
  Timeline – Ongoing
- Publicly and actively support Community Health Centers/Indian Health Service (I.H.S.)/non-profit dental clinics and other innovative programs that offer oral health services.
  Responsibility – MPCA, I.H.S., DPHHS OHP
  Timeline – Ongoing
- Assess and support accessible mobile dental clinics.
  Responsibility – MPCA, DPHHS OHP, HS, Program Directors
  Timeline – 1-3 years

GOAL 5: Improve and increase funding and other resources for oral health and dental care in Montana.

Priority Strategies

- Increase State funding for the CHIP Program.
- Increase funding and reimbursement rates for Medicaid dental services.
- Work to increase opportunities and advocate for inclusion of affordable dental services in health insurance coverage.
- Investigate flexibility of existing dental reimbursement funds from CHIP (i.e., waiving the limit on a case-by-case basis).
- Investigate tax credit options for compensating dental providers
- Actively pursue state/national/federal/foundation funding for Montana State oral health priorities.
- Utilize UW/CHC collaboration for expanding dental student rotations in community health dental facilities.
  Responsibility for all strategies– DPHHS OHP, Medicaid, CHIP, MDA, UW, MSU, MPCA, I.H.S.
  Timeline – 1-3 years

GOAL 6: Develop an integrated, comprehensive oral health surveillance system that can track data at state and community levels. (See Reference Documents)

Priority Strategies

- Create and disseminate a report of current oral health baseline data.
- Identify additional and potential sources of oral health data as it pertains to Montana.
- Design, establish and institutionalize a standardized data collection gathering system so the same information is being tracked and data collection has a meaningful, collective purpose.
- Integrate all data into a Montana Oral Health Surveillance System as follows:
    - Link all available data sources
    - Assess gaps in data for minimum data element requirements and indicator capability and develop a plan to eliminate gaps
    - Do routine analysis to test data systems
    - Identify and disseminate to key audiences
    - Develop a plan for utilization and evaluation
    - Submit data for inclusion in the CDC National Oral Health Surveillance System (NOHSS)
    - Actively participate in the CDC Water Fluoridation Reporting System (WFRS)
    - Actively Participate in the annual ASTDD State Synopsis

  Responsibility – DPHHS OHP
  Timeline – 1-2 years

SUMMARY

As a working document, the plan will continue to be the foundation of our course of action to assure oral health knowledge, attitudes, and behaviors are improved, ongoing support for oral health is secured, that data and research are used to set priorities and address gaps, and that partnership mechanisms are developed and sustained. Our efforts will be targeted to increase awareness of the importance of oral health as essential to general health and well-being, increase oral health promotion and disease prevention, assure an adequate oral health workforce to meet demands, increase resources for oral health, and develop a useful oral health surveillance system.

Montana looks forward to the next five years to further improve the oral health of its citizens. This plan provides the foundation and vision to move our efforts in a thoughtful and collaborative approach to meeting the goals stated here. The success of the plan will rely on responsibility “shepherds" to take ownership of the strategic goals and work with partners to achieve our intended outcomes. Together, we can eliminate oral health disparities and improve the status of oral health in Montana.

APPENDIX

Participants in Developing the State Oral Health Plan

ALICE	ALLEN	ASSISTANT	HRDC HEAD START	BOZEMAN
SCOT	ANDERSON	DIRECTOR	CHILD START INC	MISSOULA
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JIM	NYBO	PRIMARY CARE SPECIALIST	MT DPHHS PRIMARY CARE OFFICE	HELENA
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JOHN	SMITH	PRESIDENT	MT DENTAL ASSOCIATION	HELENA
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NANCY	TAYLOR	CHIEF OF AMBULATORY CARE	DEERING COMMUNITY HEALTH CENTER	BILLINGS
MEG ANN	TRACY	PROJECT DIRECTOR	UNIVERSITY OF MT RURAL INSTITUTE	MISSOULA

REFERENCE DOCUMENTS

The State of Oral Health in Montana *(2006)*

SHORTAGE AND MALDISTRIBUTION OF DENTAL PROFESSIONALS

- Approximately 42% of Montana dentists are age 55 or older with the average age being 52. *(2005 Montana DPHHS Primary Care Office Dental Phone Survey)*
- 42 of Montana's 56 counties are currently designated as a Dental Health Professional Shortage Area. *(Montana DPHHS Montana Primary Care Office)*
- 21% of Montana's 56 counties were without a dentist in 2004. *(Montana DPHHS Montana County Health Profiles)*
- 27% of Montana counties were without a dental hygienist in 2004. *(Montana DPHHS Montana Primary Care Office)*
- There are only 10 pediatric dentists statewide located in only the 5 most populous cities. *(Montana Dental Association)*
- 25% of Montana counties were without an enrolled Medicaid dental provider in 2005. *(Montana DPHHS Maternal Child Health/Data Monitoring Section)*
- Montana has no school of dentistry.

LIMITED ACCESS TO SERVICES FOR SPECIAL POPULATIONS

- 32% of Head Start enrolled children were diagnosed as needing dental treatment in 2004. *(Montana Head Start Association)*
- 40.8% of all pregnant women did not visit a dentist or dental clinic during their pregnancy. *(Montana DPHHS 2002 Pregnancy Risk Assessment Monitoring System)*
- During an average month from October 2004-September 2005, 188 women and 289 children seen in Montana WIC agencies reported having oral/dental health problems. *(Montana DPHHS WIC Program)*
- On average, only 36% of American Indian/Alaska Native diabetic patients receive an annual dental exam. *(Montana DPHHS Diabetes Project)*
- 19.6% of surveyed Montana adults 65 years and over reported having had all their natural teeth extracted. *(2004 CDC Behavioral Risk Factor Surveillance System)*
- 271 Children with Special Health Care Needs were referred with clefts and other craniofacial anomalies to craniofacial anomaly rehabilitative teams during FY 2003-2004. *(Montana DPHHS CSHCN Program)*
- 13% of Montana Special Olympic athletes screened during the 2005 Games needed urgent dental treatment. *(Montana DPHHS Oral Health Program)*
- Dental services for Montana's growing migrant and seasonal farm worker population are very limited and yet projected numbers of workers are expected to rise to 11,000 over the next five years due to an increase in number and growth of crops. *(Montana Migrant Council)*

LACK OF ADEQUATE PUBLIC FUNDING FOR DENTAL SERVICES

- With 19% of its population uninsured, Montana has one of the highest percentages of uninsured populations in the U.S. *(2005 Montana Household Survey)*

- It is estimated about 60% of Montanans have private health insurance, with only 20% of those including dental benefits.
- 7 Federally Qualified Health Centers in Great Falls, Helena, Missoula, Billings, Livingston, Bozeman, Butte, and Libby are limited to offering onsite basic dental services and lengthy waiting lists are common. (Montana Primary Care Association)
- Montana has no school-based health centers.
- The Billings Ronald McDonald Care Mobile reports 45% of their patients have no insurance - 43% report having Medicaid coverage. (St Vincent Healthcare)

Medicaid

- Dental care continues to be a major concern for Medicaid adults and children. (2004-2005 Montana Passport to Health Client Survey Results and Analysis Report)
- There were 361 Medicaid enrolled Dentists and Denturists in Montana during the period 7/1/04 to 6/30/05. This reflects16 less than the previous year.
- 41% of dental providers who billed Medicaid treated less than 20 patients during State Fiscal Year 2004-2005.
- Providers report that the "paperwork" associated with enrolling and submitting claims limits the number of Medicaid patients they accept.
- Medicaid reimburses an average of 64% of billed charges for children, and 58% of billed charges for adults.

CHIP - Children's Health Insurance Plan

- CHIP pays up to $350 per year in dental benefits for each CHIP insured child.
- As of December 31, 2005 CHIP had 269 dentists practicing in 279 locations, leaving 14 Montana counties (25%) with no CHIP enrolled dentist.
- 51% of children enrolled in CHIP do not utilize any of their available dental benefit which may indicate the need for more oral health access and/or education.

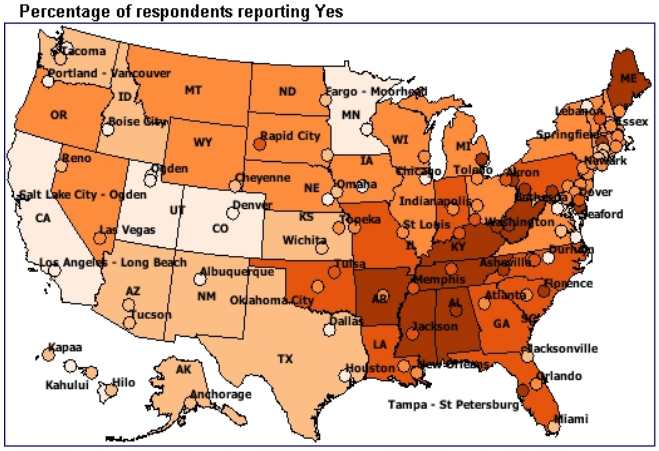
HIGH NEEDS

- 76.2% of Montanans do not have access to optimally fluoridated community water. (1 part fluoride /1 million parts water - U.S. Dept. of Public Health and Human Services Centers for Disease Control and Prevention)
- 80 % of 2-5 year old American Indian/Alaska Native children have untreated dental decay. (1999 Billings Area Indian Health Service Oral Health Survey)
- 25 % of third grade students screened during 2002-2004 were reported to have dental decay. (Montana DPHHS Oral Health Program)
- 23% of male Montana high school students reported using chewing tobacco - up from 20% in 2003. (2005 Montana Youth Risk Behavior Survey)
- 19.6% of Montana residents surveyed had lost 6 or more teeth due to decay or gum disease. (2004 CDC Behavioral Risk Factor Surveillance System)
- Motor vehicle crashes are the leading cause of injury in Montana. 7% of reported injuries in 2004 directly involved the mouth and/or jaw. (Montana DPHHS Trauma Registry)
- Oral cancer in Montana ranks 11th among the most common 16 anatomical invasive cancer sites. (2005 Montana Central Tumor Registry)

BRFSS Maps
Year - 2002

Lost 6 or more teeth due to decay or gum disease

Percentage of respondents reporting Yes



Legend
Percent
- <= 13.7
- 13.8 to 15.8
- 15.9 to 18.8
- 18.9 to 22.2
- >= 22.3
- No Data

Classification Method: Natural Breaks

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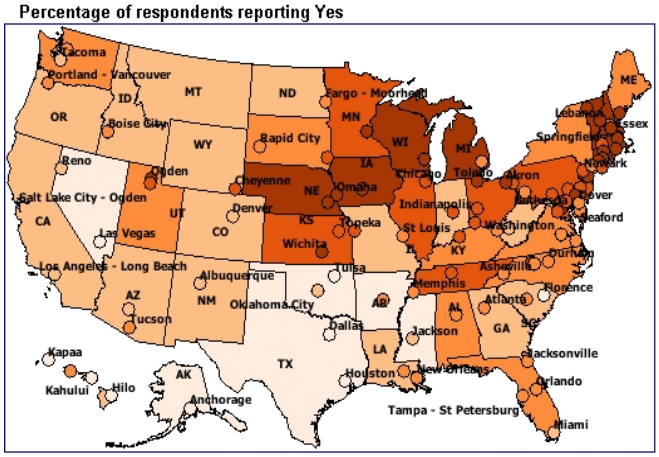
HHS CDC BRFSS

BRFSS Maps
Year - 2002

Had teeth cleaned by the dentist or dental hygienist within the past year

Percentage of respondents reporting Yes



Legend
Percent
- 58 to 63.5
- 63.6 to 68.1
- 68.2 to 72
- 72.1 to 75.5
- >= 75.6
- No Data

Classification Method: Natural Breaks

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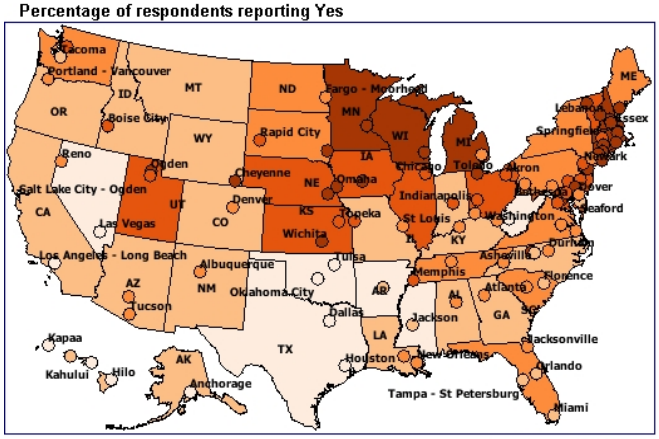
HHS CDC BRFSS

BRFSS Maps
Year - 2002

Visited the dentist or dental clinic within the past year for any reason

Percentage of respondents reporting Yes



Legend
Percent
- <= 64.6
- 64.7 to 68.4
- 68.5 to 71.7
- 71.8 to 75.3
- >= 75.4
- No Data

Classification Method: Natural Breaks

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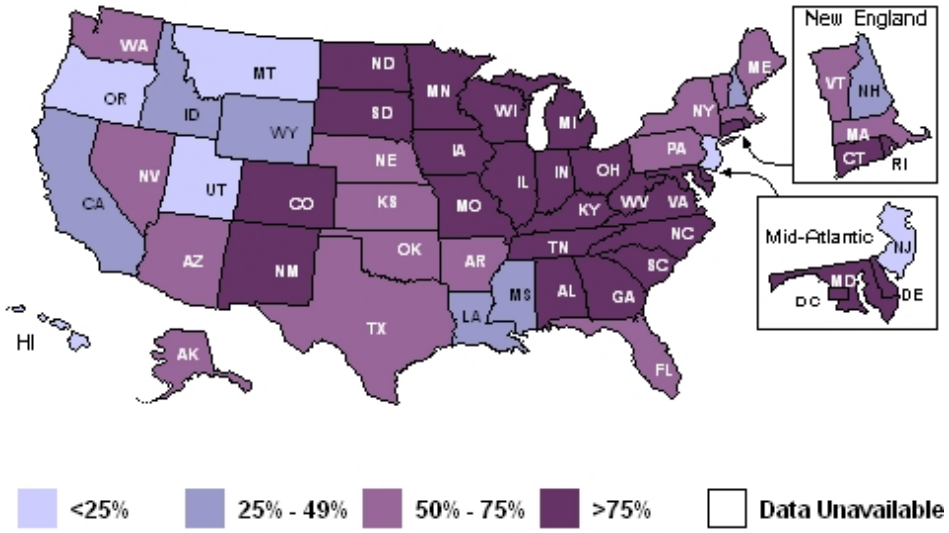
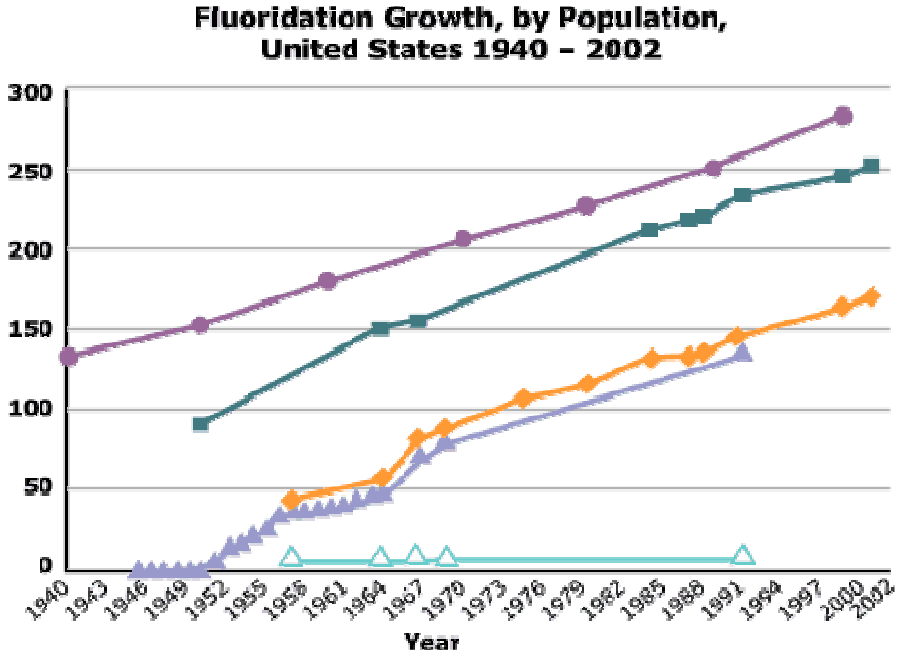
HHS CDC BRFSS

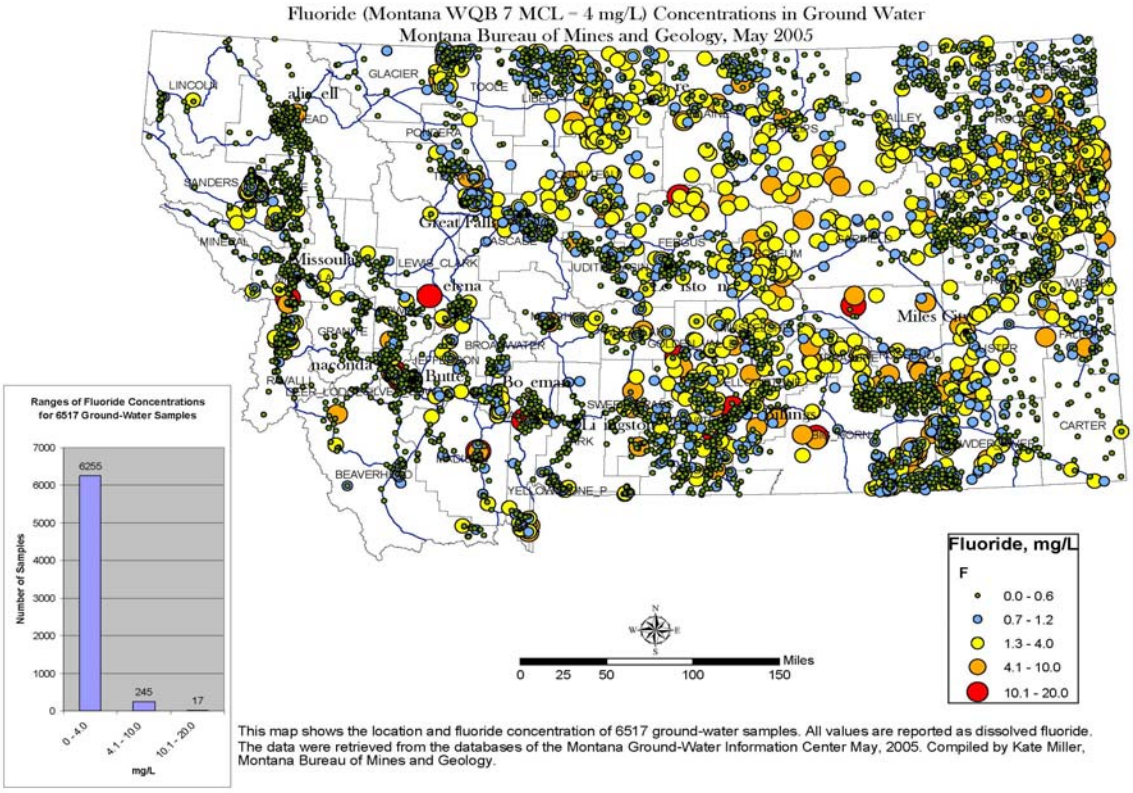
Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995–2003.

Percent of Population on Public Water Systems Receiving Fluoridated Water - 2002



Source: Water Fluoridation Reporting System 2002

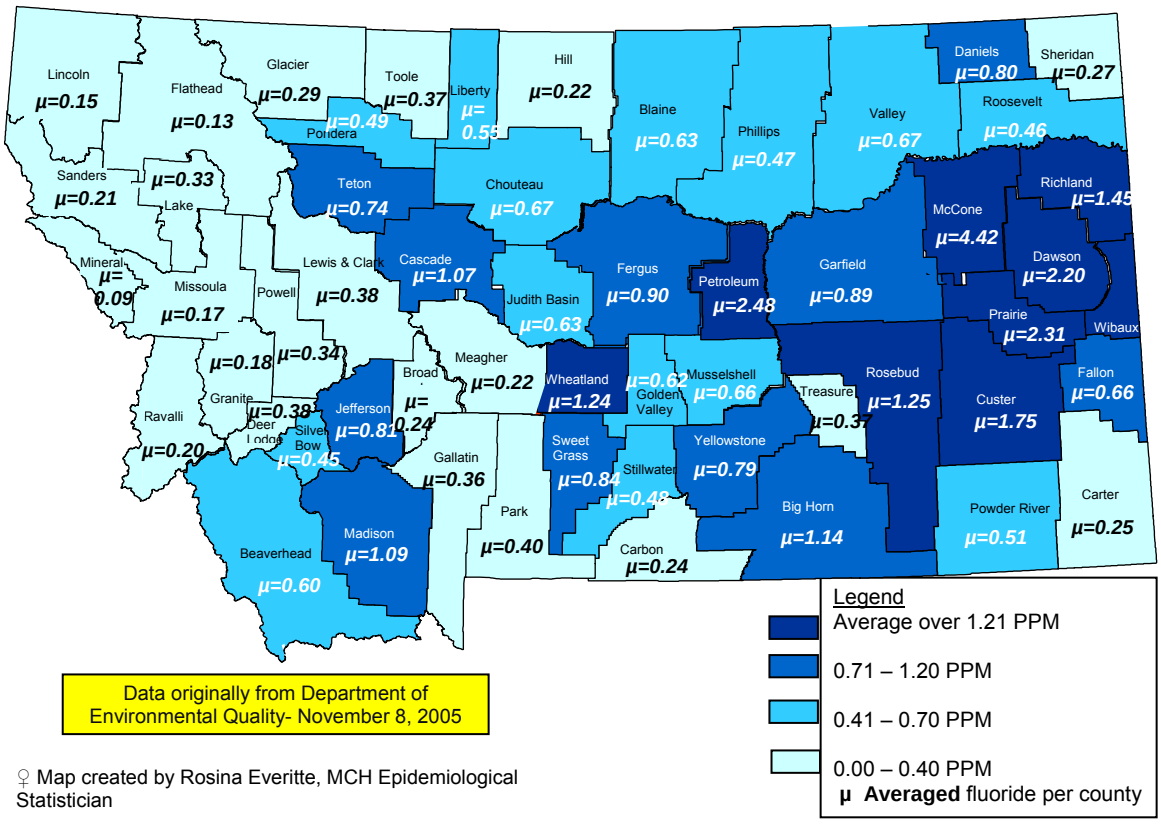




Total U.S. Population | Public Water Supply Population | Total Fluoridated Water Population | Adjusted Fluoridation Population | Naturally Fluoridated Water Population

Montana Public Water Systems

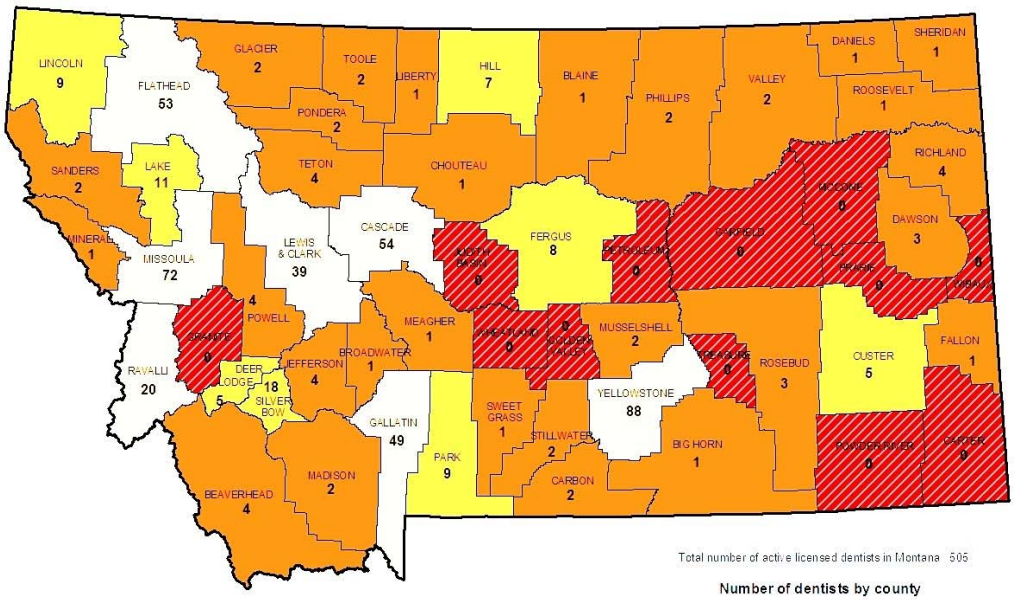
Fluoridation Levels by County (1.0 ppm = recommended level)



Data originally from Department of Environmental Quality- November 8, 2005

♀ Map created by Rosina Everitte, MCH Epidemiological Statistician

Active, Licensed Dentists
Montana, 2004



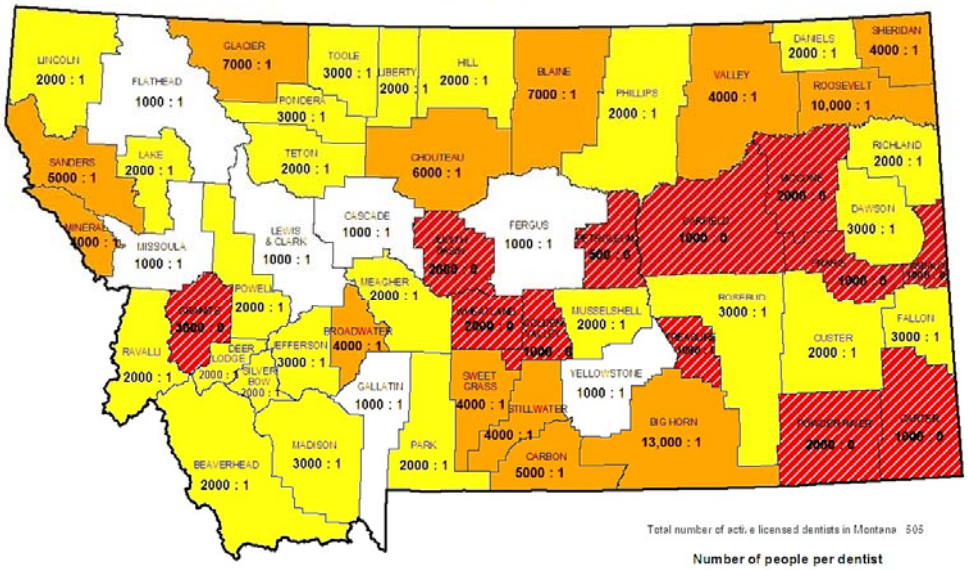
Total number of active licensed dentists in Montana 505

Number of dentists by county

- 0
- 1 - 4
- 5 - 19
- 20 - 88

Source Board of Dentistry MT Dept of Labor & Industry

Population per Dentist Ratios
Montana, 2004



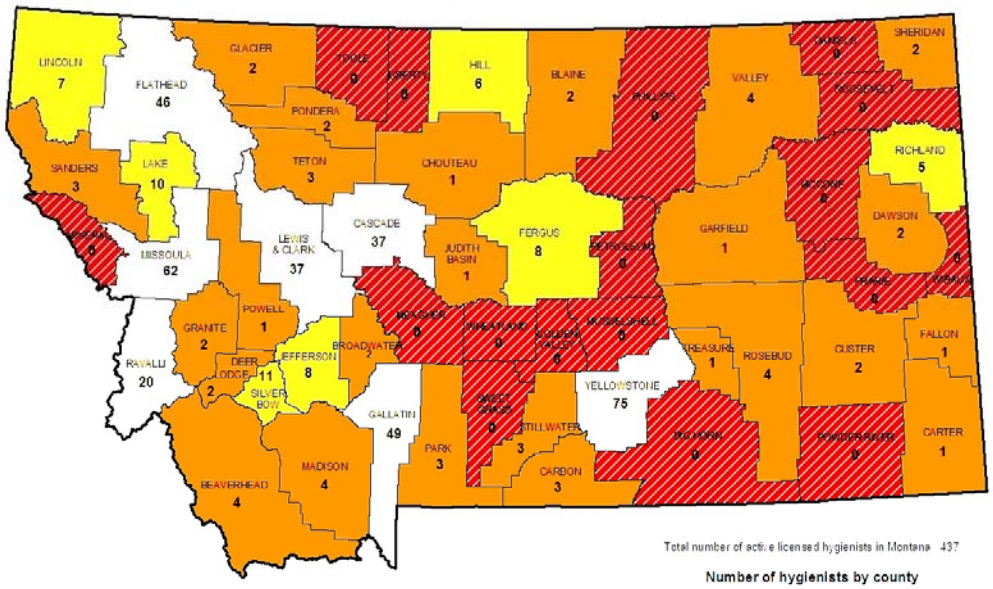
Total number of active licensed dentists in Montana 505

Number of people per dentist

- 1000
- 2000 - 3000
- 4000 - 13,000
- No dentist

Source Board of Dentistry MT Dept of Labor & Industry
US Census 2002 estimates

Active, Licensed Dental Hygienists
Montana, 2004



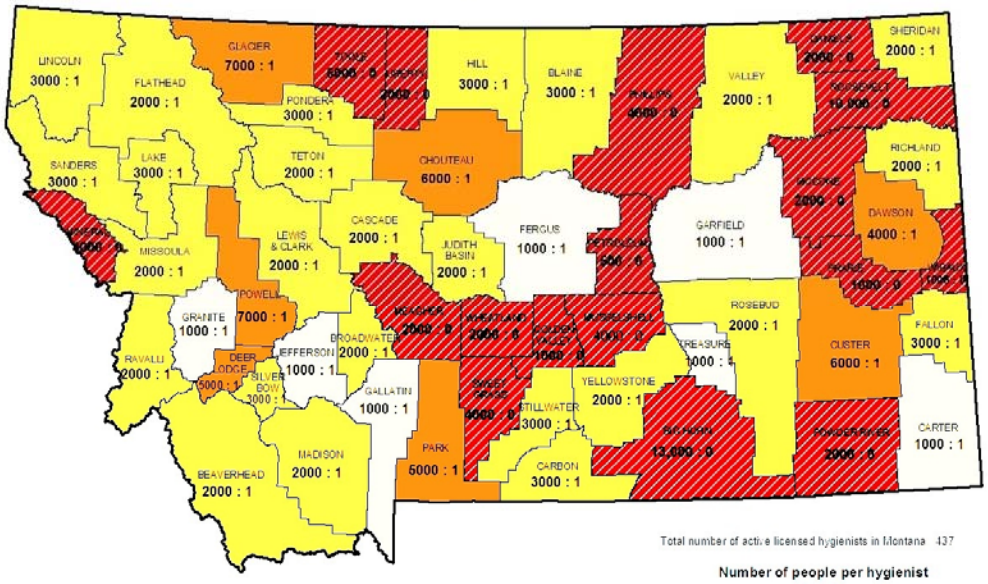
Total number of active licensed hygienists in Montana 437

Number of hygienists by county

- 0
- 1 - 4
- 5 - 19
- 20 - 75

Source Board of Dentistry MT Dept of Labor & Industry

Population per Dental Hygienist Ratios
Montana, 2004



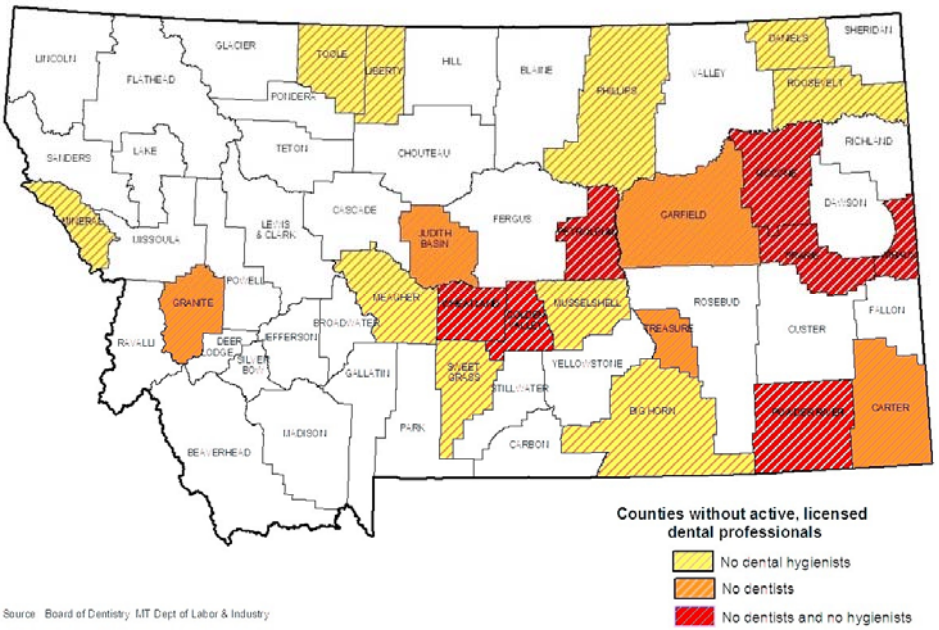
Total number of active licensed hygienists in Montana 437

Number of people per hygienist

- 1000
- 2000 - 3000
- 4000 - 7000
- No hygienist

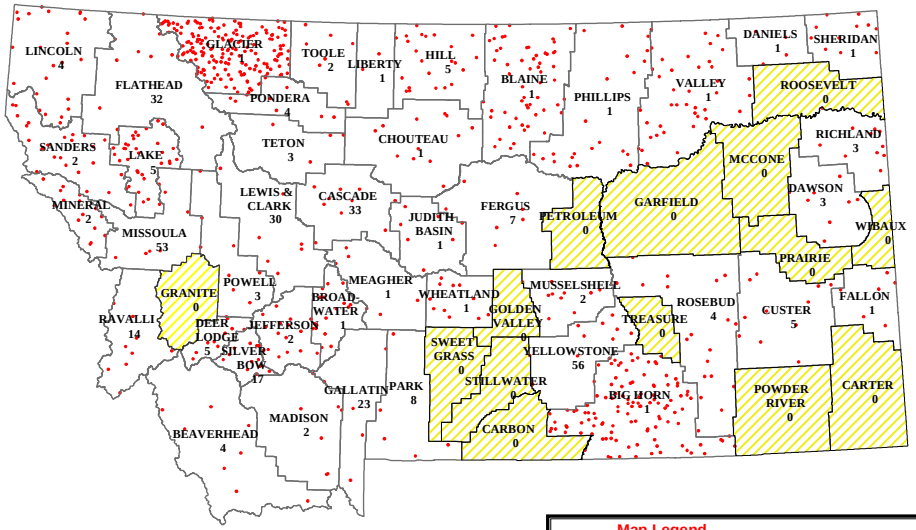
Source Board of Dentistry MT Dept of Labor & Industry
US Census 2002 estimates

Counties with no Dentists or Dental Hygienists
Montana, 2004

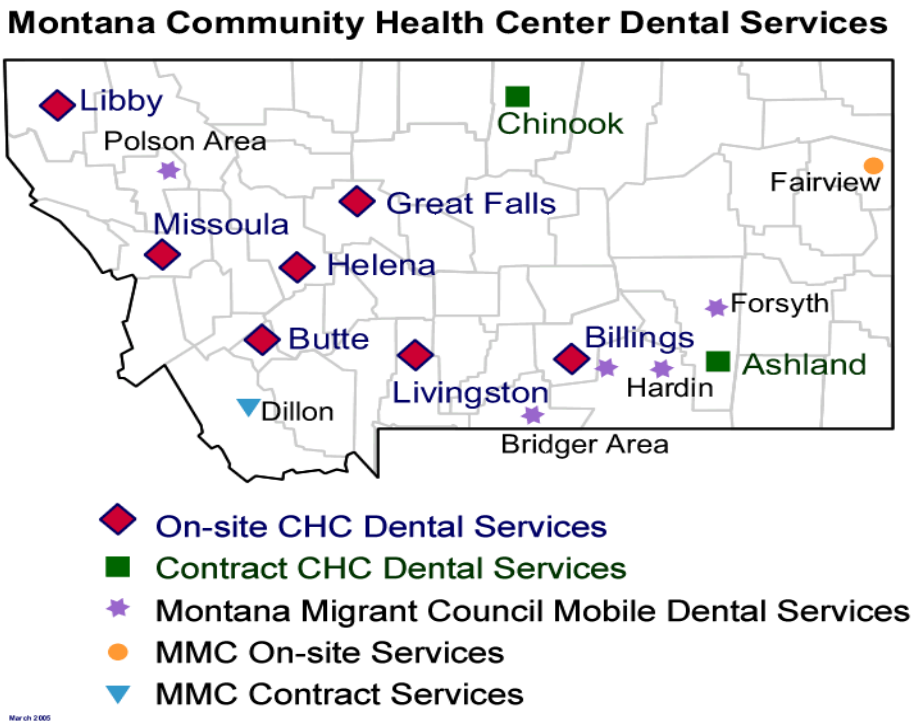


Source Board of Dentistry MT Dept of Labor & Industry

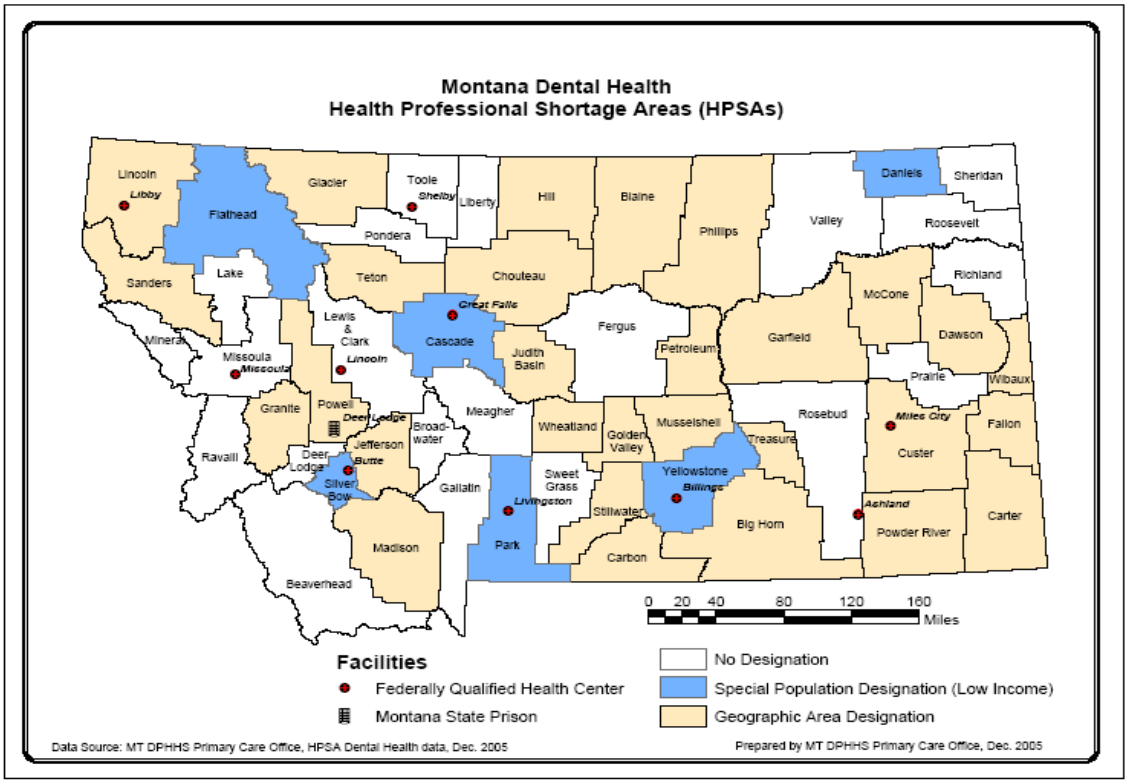
2004 Density Map of Montana Medicaid - Eligible Recipients & Dentists By County



Prepared by Rosina Everitte, MPH, MCH Epidemiological Statistician



Montana Primary Care Association



If you would like to receive additional copies of the Montana Oral Health Plan, and learn more about the Montana Oral Health Alliance contact:

Montana Department of Public Health and Human Services
Oral Health Program
1218 East 6th Avenue
Helena MT 59620
(406) 444-0276

This report is available online at: www.dphhs.mt.gov/PHSD/family-health/oral-health/family-oralHealth-index.shtml